

STATE OF INDIANA) IN THE PORTER CIRCUIT/SUPERIOR COURT
) SS:
 COUNTY OF LAKE) _____, INDIANA

GINGER WELIVER,)
)
 Plaintiff,)
)
 -vs-) CAUSE NO.:
)
 EFREN ORTIZ and HD SUPPLY,)
 INC.,)
)
 Defendants.)

COMPLAINT FOR DAMAGES AND JURY DEMAND

Comes now the plaintiff, Ginger Weliver, by counsel, Andrew A. Crosmer of Rubino, Ruman, Crosmer & Polen, and for her cause of action against the defendants, Efren Ortiz and HD Supply, Inc., states as follows:


1. That on or about September 10, 2019, plaintiff Ginger Weliver was operating her vehicle southbound on St Rd 49 in Valparaiso, Porter County, Indiana.
2. That at said time and place, defendant Efren Ortiz was operating a box truck leased by defendant HD Supply, Inc, southbound on St Rd 49 in Valparaiso, Porter County, Indiana.
3. At said time and place, defendant Efren Ortiz was the agent, servant, and/or employee of defendant HD Supply, Inc.
4. That at said time and place defendant Efren Ortiz was at fault in causing a collision to occur with the plaintiff's vehicle.

**EXHIBIT
A**

5. That the defendant, HD Supply, Inc, was vicariously liable for the negligence of defendant, Efren Ortiz, and negligent, reckless, and willful and wanton in the hiring, supervising, training and retention of the defendant, Efren Ortiz.

6. That as a direct and proximate result of said misconduct and fault by the defendants, the plaintiff, Ginger Weliver, was injured, some of which injuries may be permanent, incurred medical expenses, economic loss, and was otherwise damaged.

WHEREFORE, the plaintiff seeks compensatory damages which will reasonably compensate her, plus costs, including attorney's fees for any frivolously asserted affirmative defenses, prejudgment interest and any other proper relief.



ANDREW A. CROSMER, #11531-45
Rubino, Ruman, Crosmer & Polen
Attorney for Plaintiff

JURY DEMAND

Plaintiff, by counsel, demands trial by jury.



ANDREW A. CROSMER, #11531-45
Rubino, Ruman, Crosmer & Polen
275 Joliet Street, Suite 330
Dyer, IN 46311
(219) 322-8222
Attorney for Plaintiff

903443079

Page 2 of 5

Local ID

1939968

**Type of
Crash**

REAR END

| | | | | | |
|---|--------------------------------|---|----------------------------|---------------------------------------|-----------------------------|
| Time Notified 3:15 PM | Time Arrived 3:24 PM | Other Location of Investigation AT SCENE ONLY | | | |
| Assisting Officer CHAVEZ | | ID No. 67 | Agency PORTER SD | Investigation Complete? YES | Photos Taken? YES |
| Assisting Officer | | ID No. | Agency | Date of Report 09/10/2019 | |
| Investigating Officer GRAF, N | | ID No. 123 | Agency PORTER SD | Reviewing Officer T GEAR | |

Narrative

D1 advised he was traveling south on St Rd 49 approaching 500 N, in the right hand lane. D1 advised he was tired and may have closed his eyes for a moment. When D1 looked in front of him he observed that D2 had began to slow for the red stop light. D1 hit his brakes and swerved to the right shoulder to try and avoid rear ending V2. V1's front driver side, rear ended V2's rear passenger side. V1 pushed V2 into the rear of V3, which was stopped for the red light. V1 continued traveling on the shoulder and sideswiped V3.

D2 advised she was traveling south on St Rd 49 in the right hand lane approaching 500 N. Traffic was stopped in front of V2 so V2 began to slow to come to a stop. V2 was rear ended by V1 and pushed into the rear end of V3.

D3 advised he was traveling south in St Rd 49 in the right hand lane approaching 500 N. D3 was stopped in traffic for the red traffic light at 500 N. D3 advised V3 was rear ended by V2 and sideswiped on the passenger side by V1.

V1 sustained moderate front end and side damage.

V2 sustained heavy damage all around the vehicle, but concentrated on rear passenger side.

V3 sustained moderate damage to the rear end and passenger side trailer and cab.

Driver statements, damage to vehicles, and tire marks in the roadway were consistent with my investigation.

9/11/2019 Supplemented by D.Evans corrected V3a's Registered Owner's State.

UNIT INFORMATION

903443079

Page 3 of 5

Local ID

1939968

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 1 | | Driver's Name (Last, First, MI) ORTIZ, EFREN | | | | Safety Equipment Used LAP + HARNESS | |
| | | Address (Street, City, State, Zip) 2826 HARVEY AVE BERWYN IL 60402 | | | | Safety Equipment Effective? YES | |
| Date of Birth [REDACTED] | | Age 36 | | Gender MALE | | Ejection/Trapped NOT EJECTED OR TRAPPED | |
| Driver's License # [REDACTED] | | Lic Type CD | | CDL Class C | | Lic State IL | |
| Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown | | Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Tol/From Employment | | <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None | | Nature of Most Severe Injury NONE VISIBLE | |
| Test Given NONE | | Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT | | Location of Most Severe Injury If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony | | IC Codes | |
| Alcohol Results PBT | | Certified Test <input type="checkbox"/> Pending | | Drug Results | | Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | |
| Veh# 1 | | Color WHITE | | Vehicle Year/Make 2020 INTERNATIONAL | | Model/Style MV307 SBA LP TK | |
| # Occupants 1 | | Lic Year 2020 | | License # 175048H | | License State IL | |
| # Axles 2 | | Speed Limit 55 | | Insured By AON RISK SERVICES SOUTH INC | | Phone Number 4042613400 | |
| Vehicle Identification# 3HAEWMML7LL297156 | | Registered Owner's Name (Last, First, MI) TRUCK RENTAL LT. RYDER | | <input type="checkbox"/> Same as Driver | | Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | |
| Address (Street, City, State, Zip) 3400 W LAKE ST MELROSE PARK IL 60160 | | Towed? To YES SANDBERGS TOWING | | Due to Disabling Damage YES | | Emergency Run? Fire? NO | |
| License# | | Address (Street, City, State, Zip) | | Vehicle Type TRUCK (SINGLE 2 AXLE, 6 TIRES) | | Pre-Crash Vehicle Action GOING STRAIGHT | |
| Veh Year/Make | | Lic State/Lic Year/Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver | | Direction of Travel SOUTH | | Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input checked="" type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier | |
| License# | | Address (Street, City, State, Zip) | | Type of Primary/Secondary Roadway <input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp | | Event Collision With 1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE | |
| Veh Year/Make | | Commercial Vehicle: Carrier's Name and Address 1 HD SUPPLY INC 501 W CHURCH STREET ORLANDO FL 32805 | | HAZMAT Proper Shipping Name: State DOT# | | HAZMAT Release of Cargo HAZMAT 4-Digit ID# | |
| US DOT# 0000088111 | | ICC# 0000170762 | | CMV Inspection NO | | If Yes | |
| Gross Vehicle Weight Rating 26,001# OR MORE | | Cargo Body Type VAN/ENCLOSED BOX | | HAZMAT Placard NO | | HAZMAT Class # | |

| UNIT INFORMATION | | | | | | | | | | 903443079 | | Page 4 of 5 | |
|---|--|------------------------------------|--|---|--|---|-----------------|---|---|--|--|-------------|--|
| Local ID 1939968 | | | | | | | | | | | | | |
| 2 Driver's Name (Last, First, MI) WELIVER, GINGER, L | | | | | Safety Equipment Used AIRBAG DEPLOYED + BELT RESTRAINT | | | | | | | | |
| Address (Street, City, State, Zip) 101 MILLET ST | | | | | Safety Equipment Effective? YES | | | | | | | | |
| LAPORTE IN 46350 | | | | | Ejection/Trapped NOT EJECTED OR TRAPPED | | | | | | | | |
| Date of Birth [REDACTED] | | Age 51 | | Gender FEMALE | | EMS No. 2818 | | Injured Attn YES | | Driver Injury Status INCAPACITATING - TRANSPORTED | | | |
| Driver's License # [REDACTED] | | | Lic Type OP | | CDL Class | | Lic State IN | | Nature of Most Severe Injury INTERNAL | | | | |
| Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown | | | Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Tol From Employment | | | <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTD <input checked="" type="checkbox"/> None | | | Location of Most Severe Injury HEAD | | | | |
| Test Given NONE | | | Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT | | | | | | If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony | | | | |
| Alcohol Results PBT | | | Certified Test <input type="checkbox"/> Pending | | | Drug Results | | | | | | | |
| Veh# 2 | | Color WHITE | | Vehicle Year 2016 | | Make NISSAN | | Model VERSA | | Style 4D | | | |
| # Occupants 1 | | Lic Year 2019 | | License # VNU438 | | License State IN | | | | | | | |
| # Axles 2 | | Speed Limit 55 | | Insured By FARM BUREAU | | Phone Number 2197648010 | | | | | | | |
| Vehicle Identification# 3N1CN7AP7GL817128 | | | | | Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | | | | | | | | |
| Registered Owner's Name (Last, First, MI) WELIVER, GINGER, L | | | | | Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown | | | | | | | | |
| Address (Street, City, State, Zip) 101 MILLET ST | | | | | Vehicle Use PERSONAL (FARM, COMPANY) | | | | | | | | |
| LAPORTE IN 46350 | | | | | Emergency Run? <input type="checkbox"/> Fire? <input type="checkbox"/> NO | | | | | | | | |
| Towed? To YES SANDBERGS TOWING | | By SANDBERGS TOWING | | Due to Disabling Damage YES | | | | | | | | | |
| Lic State | | Lic Year | | Registered Owner's Name (Last, First, MI) | | <input type="checkbox"/> Same as Driver | | | | | | | |
| License# | | Address (Street, City, State, Zip) | | | | | | | | | | | |
| Veh Year | | Make | | Lic State | | Lic Year | | Registered Owner's Name (Last, First, MI) | | <input type="checkbox"/> Same as Driver | | | |
| License# | | Address (Street, City, State, Zip) | | | | | | | | | | | |
| Veh Year | | Make | | Lic State | | Lic Year | | Registered Owner's Name (Last, First, MI) | | <input type="checkbox"/> Same as Driver | | | |
| License# | | Address (Street, City, State, Zip) | | | | | | | | | | | |
| Commercial Vehicle: Carrier's Name and Address | | | | | | | | | | | | | |
| HAZMAT Proper Shipping Name: State DOT# | | | | | | | | | | | | | |
| US DOT# | | ICC# | | CMV Inspection | | If Yes | | | | | | | |
| Gross Vehicle Weight Rating | | Cargo Body Type | | | | | | | | | | | |
| HAZMAT Placard | | HAZMAT Release of Cargo | | HAZMAT 4-Digit ID# | | Hazard Class # | | | | | | | |
| Event Collision With 1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE | | | | | | | | | | | | | |

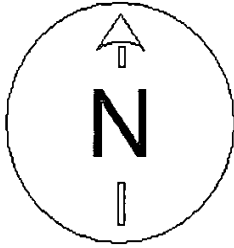
UNIT INFORMATION

903443079

Page 5 of 5

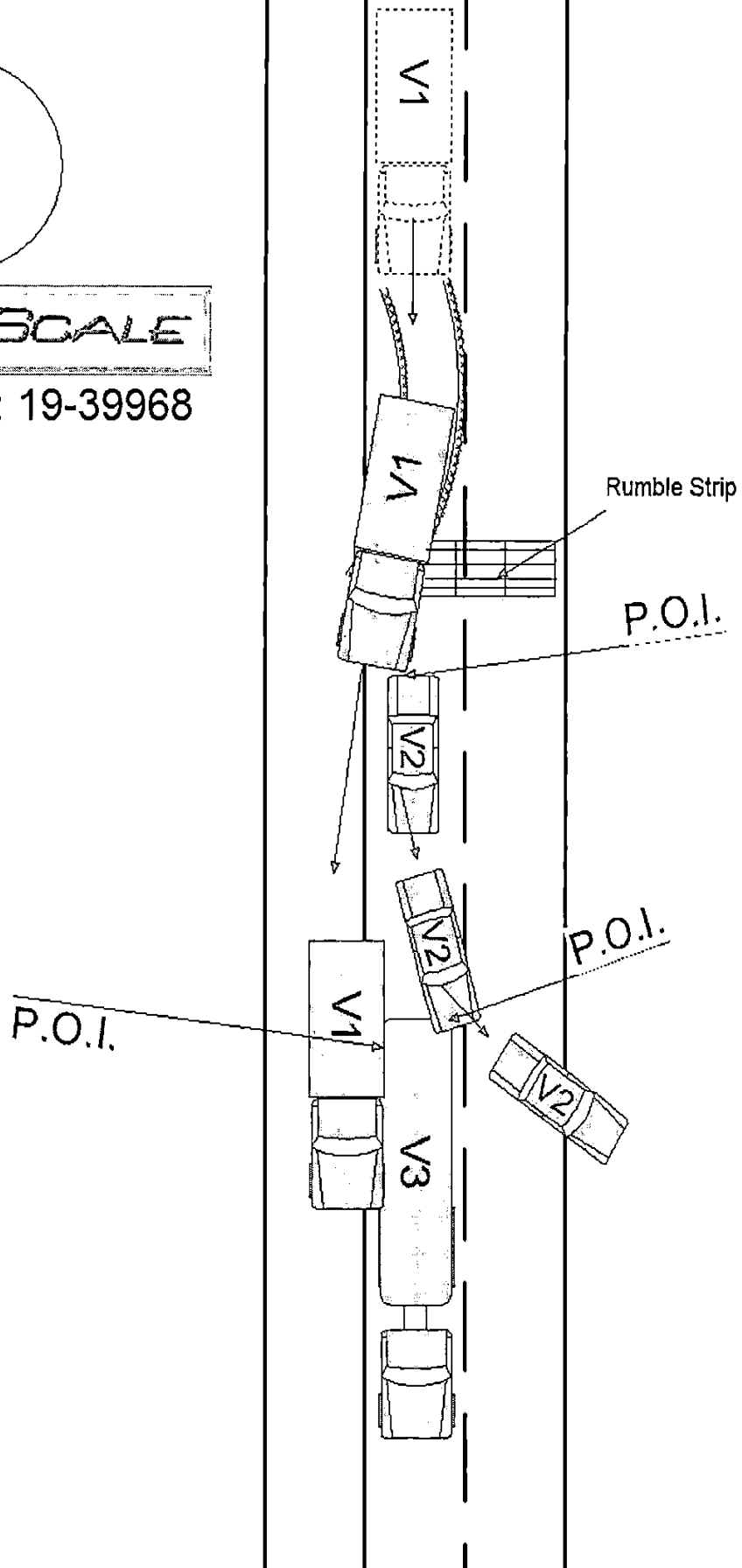
Local ID
1939968

| | | | | | |
|---|--|--|--|--|--|
| 3 | | Driver's Name (Last, First, MI) HOOVER, STEVEN, A | | Safety Equipment Used LAP + HARNESS | |
| Address (Street, City, State, Zip) 4760 DEBORAH LN | | PLYMOUTH | | IN 46563 | |
| Date of Birth [REDACTED] | | Age 45 | | Gender MALE | |
| Driver's License # [REDACTED] | | Lic Type CD | | CDL Class A | |
| Lic State IN | | Nature of Most Severe Injury NONE VISIBLE | | Safety Equipment Effective? YES | |
| Ejection/Trapped NOT EJECTED OR TRAPPED | | EMS No. 2818 | | Injured Attn NO | |
| Driver Injury Status REFUSED - REFUSED TREATMENT | | Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown | | Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> Tol/From Employment <input checked="" type="checkbox"/> None | |
| Test Given NONE | | Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT | | Location of Most Severe Injury If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony | |
| Alcohol Results PBT | | Certified Test <input type="checkbox"/> Pending | | Drug Results | |
| Veh# 3 | | Color WHITE | | Model CXU613 | |
| # Occupants 1 | | Lic Year 2020 | | License # 2904566 | |
| # Axles 3 | | Speed Limit 55 | | Phone Number 8006445501 | |
| Vehicle Identification# 1M1AW02Y5HM080793 | | Registered Owner's Name (Last, First, MI) COMPANY LLC, DOHRN TRANSFER | | Style CC | |
| Address (Street, City, State, Zip) 3103 W MORRIS ST | | INDIANAPOLIS | | IN 46241 | |
| Towed? YES | | To SANDBERGS TOWING | | Due to Disabling Damage YES | |
| 3a | | Lic State IL | | Lic Year 2020 | |
| License# 532882SST | | Registered Owner's Name (Last, First, MI) LEASING LLC, FREIGHT EQUIPMENT | | Same as Driver <input type="checkbox"/> | |
| Veh Year 2015 | | Make VANGUARD | | Model CICERO | |
| Lic State IL | | Lic Year 2015 | | 60804 | |
| Registered Owner's Name (Last, First, MI) [REDACTED] | | Same as Driver <input type="checkbox"/> | | Address (Street, City, State, Zip) 4975 W PERSHING RD | |
| License# [REDACTED] | | Address (Street, City, State, Zip) [REDACTED] | | Vehicle Use COMMERCIAL (TAXIS, COMMON, CONTRACT) | |
| Veh Year [REDACTED] | | Make [REDACTED] | | Emergency Run? [REDACTED] | |
| Fire? NO | | Vehicle Type TRACTOR/ONE SEMI TRAILER | | Pre-Crash Vehicle Action SLOWING OR STOPPED IN TRAFFIC | |
| Direction of Travel SOUTH | | Type of Primary/Secondary Roadway <input type="checkbox"/> One Way Road <input type="checkbox"/> One Lane - One Way <input type="checkbox"/> Two Lanes - One Way <input type="checkbox"/> Multi-Lanes (3 or more) - One Way <input checked="" type="checkbox"/> Multi-Lane w/ Grass Median Only <input type="checkbox"/> Multi-Lane w/ Center Turn Lane <input type="checkbox"/> Multi-Lane w/ Curb Raised Median <input type="checkbox"/> Multi-Lane w/ Cable Barrier | | <input type="checkbox"/> Two Lanes - Two Way <input type="checkbox"/> Multi-Lane Divided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane Undivided Two Way Left Turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) - Two Way <input type="checkbox"/> Multi-Lane w/ Concrete Barrier <input type="checkbox"/> Multi-Lane w/ Metal Guardrail Median <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley <input type="checkbox"/> Ramp | |
| Commercial Vehicle: Carrier's Name and Address 3 DOHRN TRANSFER COMPANY | | 625 3RD AVE | | Event Collision With 1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE | |
| ROCK ISLAND | | IL 61201 | | HAZMAT Placard NO | |
| HAZMAT Proper Shipping Name: [REDACTED] | | State DOT# [REDACTED] | | HAZMAT Release of Cargo [REDACTED] | |
| US DOT# 0000541227 | | ICC# 0000169753 | | CMV Inspection NO | |
| Gross Vehicle Weight Rating 26,001# OR MORE | | Cargo Body Type VAN/ENCLOSED BOX | | HAZMAT 4-Digit ID# [REDACTED] | |
| HAZMAT Class # [REDACTED] | | HAZMAT Class # [REDACTED] | | HAZMAT Class # [REDACTED] | |



NOT TO SCALE

PCSP Case #: 19-39968



St Rd 49 south

Department of State: Division of Corporations

[Allowable Characters](#)

HOME

About Agency
Secretary's Letter
Newsroom
Frequent Questions
Related Links
Contact Us
Office Location

SERVICES

Pay Taxes
File UCC's
Delaware Laws Online
Name Reservation
Entity Search
Status
Validate Certificate
Customer Service Survey

INFORMATION

Corporate Forms
Corporate Fees
UCC Forms and Fees
Taxes
Expedited Services
Service of Process
Registered Agents
GetCorporate Status
Submitting a Request
How to Form a New Business Entity
Certifications, Apostilles & Authentication of Documents

Entity Details

THIS IS NOT A STATEMENT OF GOOD STANDING

File Number: 4416553 Incorporation Date / 8/31/2007
Formation Date: (mm/dd/yyyy)
Entity Name: HD SUPPLY, INC.
Entity Kind: Corporation Entity Type: General
Residency: Domestic State: DELAWARE

REGISTERED AGENT INFORMATION

Name: CORPORATION SERVICE COMPANY
Address: 251 LITTLE FALLS DRIVE
City: WILMINGTON County: New Castle
State: DE Postal Code: 19808
Phone: 302-636-5401

Additional Information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

Would you like ☐ Status ☐ Status, Tax & History Information

For help on a particular field click on the Field Tag to take you to the help area.

[site map](#) | [privacy](#) | [about this site](#) | [contact us](#) | [translate](#) | [delaware.gov](#)

EXHIBIT
C



GEORGIA
CORPORATIONS
DIVISION

GEORGIA SECRETARY OF STATE
**BRAD
RAFFENSPERGER**

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **HD SUPPLY, INC.
(DE)** Control Number: **J802213**

Business Type: **Foreign Profit
Corporation** Business Status: **Active/Compliance**

Business Purpose: **NONE**

Principal Office Address: **3400 Cumberland
Boulevard, Atlanta,
GA, 30339, USA** Date of Formation /
Registration Date: **1/26/1988**

Jurisdiction: **Delaware** Last Annual
Registration Year: **2020**

REGISTERED AGENT INFORMATION

Registered Agent Name: **CORPORATION SERVICE COMPANY**

Physical Address: **40 TECHNOLOGY PARKWAY SOUTH, SUITE 300, NORCROSS, GA,
30092, USA**

County: **Gwinnett**

OFFICER INFORMATION

| Name | Title | Business Address |
|--------------------------------|-----------|--|
| Aaron Zeide (TREASURER) | CFO | 3400 Cumberland Boulevard, Atlanta, GA, 30339, USA |
| Dan S. McDevitt | Secretary | 3400 Cumberland Boulevard, Atlanta, GA, 30339, USA |
| Joseph J. DeAngelo (PRESIDENT) | CEO | 3400 Cumberland Boulevard, Atlanta, GA, 30339, USA |

[Back](#)

[Filing History](#)

[Name History](#)

Office of the Georgia Secretary of State Attn: 2 MLK, Jr. Dr. Suite 313, Floyd West Tower Atlanta, GA 30334-1530, Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: <https://sos.ga.gov/>
© 2015 PCC Technology Group. All Rights Reserved. Version 6.2.11

[Report a Problem?](#)

**EXHIBIT
D**



Notice of Service of Process

Transmittal Number: 22128209
Date Processed: 10/08/2020

Primary Contact: Heather White
HD Supply, Inc.
501 W. Church Street
Orlando, FL 32805-2247

| | |
|----------------------------------|---|
| Entity: | HD Supply, Inc. Entity ID Number 3627425 |
| Entity Served: | HD Supply, Inc. |
| Title of Action: | Ginger Weliver vs. Efren Ortiz |
| Matter Name/ID: | Ginger Weliver vs. Efren Ortiz (10564223) |
| Document(s) Type: | Summons/Complaint |
| Nature of Action: | Personal Injury |
| Court/Agency: | Lake County Circuit Court, IN |
| Case/Reference No: | 64D05-2010-CT-007835 |
| Jurisdiction Served: | Florida |
| Date Served on CSC: | 10/06/2020 |
| Answer or Appearance Due: | 23 Days |
| Originally Served On: | CSC |
| How Served: | Certified Mail |
| Sender Information: | Andrew A. Crosmer 219-322-8222 |

Information contained on this transmittal form is for record keeping, notification and forwarding the attached document(s). It does not constitute a legal opinion. The recipient is responsible for interpreting the documents and taking appropriate action.

To avoid potential delay, please do not send your response to CSC

251 Little Falls Drive, Wilmington, Delaware 19808-1674 (888) 690-2882 | sop@cscglobal.com

| |
|----------------------|
| EXHIBIT E |
|----------------------|

Porter Superior Court 5

STATE OF INDIANA)
) SS:
COUNTY OF PORTER) SITTING IN _____, INDIANA

GINGER WELIVER,
Plaintiff

-vs-

EFREN ORTIZ and HD SUPPLY, INC.,
Defendants

CAUSE NO.:

SUMMONS

THE STATE OF INDIANA TO THE DEFENDANT:

HD SUPPLY, INC.

c/o Corporation Service Company, registered agent

1201 Hays Street

Tallahassee, FL 32301-2525

You have been sued by the person(s) identified as "Plaintiff" in the Court stated above.

The nature of the suit against you is stated in the COMPLAINT which is attached to this SUMMONS. It also states the demand which the Plaintiff has made against you.

You must either personally or by your attorney file your written answer to the COMPLAINT with the Clerk within twenty (20) days commencing the day after this SUMMONS and the COMPLAINT were personally served upon you or your agent or left for you by the Sheriff or other process server.

In the event the SUMMONS and COMPLAINT were left for you and you then receive by first class mail (not certified) a copy of the SUMMONS alone, this mailing is merely a confirmation that the SUMMONS and COMPLAINT were previously left for you. You should not consider the date on which you receive the mailed SUMMONS as the commencement date for the time period allowed for your answer. Rather, the time period allowed for your written answer commences on the date when the SUMMONS and COMPLAINT were first personally served upon you or your agent or left for you by the Sheriff or other process server.

However, if you or your agent first received the SUMMONS and the COMPLAINT by certified mail, you have twenty-three (23) days from the date of receipt to file your written answer with the Clerk.

If you fail to answer the COMPLAINT of the Plaintiff within the times prescribed herein, judgment will be entered against you for what the Plaintiff has demanded.

If you have a claim against the Plaintiff arising from the same transaction or occurrence, you may be required to assert such claim in writing together with your written answer.

The following manner of service is hereby designated: CERTIFIED MAIL

10/1/2020

Attorney for Plaintiff: Andrew A. Crosmer

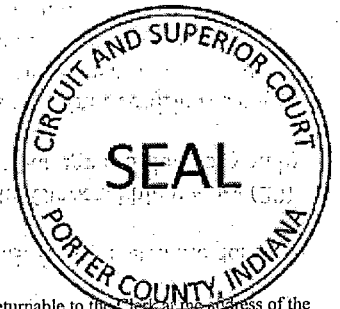
Date:

Ind. Atty. No.: 11531-45

Rubino, Ruman, Crosmer & Polen
275 Joliet Street, Suite 330
Dyer, IN 46311
Tel. No.: 219/322-8222

CLERK OF THE PORTER CIRCUIT AND SUPERIOR COURTS

By: *Barba* BT
Deputy Clerk



PREPARATION DATA:

All Summons are to be prepared in triplicate with the original of each to be placed in the Court file with two copies available for service.

If service is by certified mail a properly addressed envelope shall be provided for each Defendant.

Certified mail labels and return receipts must also be furnished for each mailing and the cause number must appear on each return receipt, which shall be returnable to the Clerk at the address of the Court. (Form: CS 1/97)

EXHIBIT
F

CLERK'S CERTIFICATE OF MAILING

I hereby certify that on the _____ day of _____, 20__, I mailed a copy of this SUMMONS and a copy of the COMPLAINT to the Defendant, _____, by _____ mail, requesting a return receipt, at the address furnished by the Plaintiff.

CLERK OF THE PORTER CIRCUIT AND SUPERIOR COURTS

Dated: _____, 20__

By: _____
Deputy Clerk

RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that the attached return receipt was received by me showing that the SUMMONS and a copy of the COMPLAINT mailed to Defendant _____ was accepted by the Defendant on the _____ day of _____, 20__.

I hereby certify that the attached return receipt was received by me showing that the SUMMONS and a copy of the COMPLAINT was returned not accepted on the _____ day of _____, 20__.

CLERK OF THE PORTER CIRCUIT AND SUPERIOR COURTS

Dated: _____, 20__

By: _____
Deputy Clerk

RETURN OF SERVICE OF SUMMONS BY SHERIFF

I hereby certify that I have served the within SUMMONS:

1. By delivering on _____, 20__, a copy of this SUMMONS, a copy of the COMPLAINT and all other materials filed the same date to each of the within named person(s).

2. By leaving on _____, 20__, for each of the within named person(s) _____ a copy of the SUMMONS, a copy of the COMPLAINT and all other materials filed the same date at the respective dwelling house or usual place of abode of _____ in _____, Indiana, with a person of suitable age and discretion residing within, whose usual duties or activities include prompt communication of such information to the person served, or by otherwise leaving such process thereat, and by mailing a copy of the SUMMONS without the COMPLAINT to the said named person(s) at the address listed herein.

3. This SUMMONS came to hand this date, _____ 20__. The within named _____ was not found in my bailiwick this date, _____, 20__.

ALL DONE IN LAKE COUNTY, INDIANA.

SHERIFF OF PORTER COUNTY, INDIANA

By: _____

SERVICE ACKNOWLEDGED

A copy of the within SUMMONS, a copy of the COMPLAINT and all materials filed the same dated attached thereto were received by me at _____ in _____ Indiana, on this date, _____, 20__.

Signature of Defendant